



STATE OF MISSOURI
BOARD FOR CERTIFICATION OF INTERPRETERS
APPLICATION FOR CONVERSION OF CERTIFICATION

1103 Rear Southwest Boulevard
Jefferson City, MO 65109
(573) 526-5205 (V/TTY)

INSTRUCTIONS: Please complete the information below. Return the completed notarized form along with \$60.00 cashier's check or money order (made payable to MCDHH/BCI Fund) -- no personal checks accepted to the address above (\$10.00 application fee, \$50.00 conversion fee).	FOR OFFICE USE ONLY	
	Received Application	Fee Paid \$
	Permit/Certification Level	Date Mailed

I. APPLICANT INFORMATION

NAME First Middle Initial Last			TELEPHONE NUMBER (Voice/TTY/Both)	
PREVIOUS NAME(S) (If any)		DATE OF BIRTH		SOCIAL SECURITY NUMBER
PRESENT ADDRESS Street City State Zip Code County				
NAME AND LOCATION OF COLLEGE/UNIVERSITY (City, State)			DEGREE EARNED & WHEN	
NAME AND LOCATION OF HIGH SCHOOL (City, State)			DATE DIPLOMA OR EQUIVALENT ISSUED	

II. CERTIFICATION INFORMATION

CURRENT CERTIFICATE ISSUED BY _____ (state)			
CERTIFYING ENTITY (name of issuing agency) _____			
DATE OF ISSUE _____			
TYPE OF CERTIFICATION	PASS/FAIL	MULTI-TIER SINGLE NUMBER	MULTI-TIER DUAL NUMBER
CERTIFICATION LEVEL OR CATEGORY OF SKILL _____			

III. AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant signature required for authorization of release of information from other certifying entity.		
Certifying Entity _____	Contact Person _____	
Phone Number _____	Address _____	

IV. AFFIDAVIT OF APPLICANT

I, the above-named applicant, being first duly sworn upon my oath, state of follows:

That I have personally completed the foregoing application truthfully and completely, without omission;

That all the information and answers contained in the foregoing application and any attachments thereto are true and correct to the best of my knowledge and belief;

That I will comply with state laws and the rules and regulations of the Board for Certification of Interpreters; and

That I realize that I made this affidavit knowingly, and that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT		DATE
	STATE		COUNTY (or City of St. Louis)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20		USE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC SIGNATURE	My Commission Expires	
Notary Public Embossed Seal	NOTARY PUBLIC NAME (Typed or Printed)		

Failure to complete any portion of this application will result in denial of certification.